THAT NO.	641 226 36/1	Uct. 02 200	9 07:26AM P1/1
FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial statement of Committation	Reset Form	FORM DR-1	STATEMENT OF
M This is an tritle!" Statement of Organization This is an amended." Statement of Organization "An initial Statement of Organization must be filed within 10 days of the commeking expanditures, or incurring indebtedness exceeding \$750. Amendme	(Rev. 07/2009) ORGANIZATION For Office Use Only Comm. \$ Indexed		
a criency. Pensione may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shell file within 10 DR-1 disclosing information concerning the campaign for the new office sout	on. A cendidate with an open days either a new or amended phr.	Audited Computer	
COMMITTEE NAME \$\frac{1}{4}\$ (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, put old name in (). CITIZENS FOR SIMONSON			
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legizlative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot Issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	dory except for a c	andidate's committee)
LYNNETTE SIMOUNDY	Name KEUIN	SIMON	ran l
Melling Address A. JACKSON STREET	Mailing Address 1 700 N.	TACKEN	TREST
CHARLES FT. TA SOULS	City, State + Zip Code + + CTTY		16
Phone (G41) 230 - 0095	Phone (641) 228-36	• • • • • • • • • • • • • • • • • • • •	
HONGATE PURPOSE OF COMMITTEE - Check One Box 2 Adve	c-Mail KSINGMON	BMCHSI	COM
Confidence Category		vocate ageinst ballo	t innue(s)
Office Sought: MAYOR CHARLES CETY	County/Local Candidates ar	nd Local Ballot Con	nmiltees Enter:
Political Party (If applicable)	County: (If active in multiple hallot just	e elections, attach ii	ct of counties
District: Year Standing for Election: 2009	Date of Election: 11/3/	109	
Bank Account Name (must match committee name)	Gandidate name & Address or Pa		f applicable).
	Maria Trans	Miliata, or Sponsor	
Name of Financial Institution/type of Account	Mailing Address	<i>36</i> V	
ALL CAMPREAN EXPENSES PACE FROM	700 N. JACKSON		
PERSONAL FUNAS	CHARLES CETY	State + +	Zb
Cây State Zip		TA ************************************	50610
	Phone (64/) STANDAGON	2 Mcus	7 2942
		0 /	2.00/-
STATEMENT OF APPIRIMATION: By fliing this document the committee affirms the following:			
1. The committee and all persons connected with the committee understand that they are subject to the laws in lowe Code chapters 6SA and 6SB and the administrative rules in Chapter 351 of the lowe Administrative Code.			
2. That love Code eaction 66A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to the tries are reports on or before the required two dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil panelty and the Thesister imposition of other oriented and civil sanctions.			
3. That lows Code section 68A.405 and rules 361—4.26 through 4.43 require the piscement of the words "paid for by" and the name of the committee on all politicals" materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in fleu of filing this form.			
4. That lowe Code easien 58A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewid limit local belief issue PACs.			
5. A condidate and a candidate's committee may only expend campaign funds az permitted by lowe code sections 68A.301 through 68A.303 and rule 367-4.26.			
R. That the assessing will explicate to the discharge and an arrange and the case of the c			